HOUR ADJUSTMENT WORKSHEET
STATE OF NORTH DAKOTA
SFN 14355 (Rev. 03-2003)

Bus. Unit/Set ID Number:	Dept. #:	Pay Group:	Date:	Prepared By:

Employee ID Number:

Employee Name:

Explanation:

BALANCE

	SAL	+ −
ANNUAL LEAVE		
	SCT	
COMP TIME		+ −
	SHP	
HOLIDAY PAY		+ −
	SJL	
JURY LEAVE		+ −

BALANCE

	SSL	+ −
SICK LEAVE		
	SFS	
FAMILY SICK LEAVE		+ −
	SFL	
FUNERAL LEAVE		+ −
	SML	
MILITARY LEAVE		+ −

Employee ID Number:

Employee Name:

Explanation:

BALANCE

	SAL	+ −
ANNUAL LEAVE		
	SCT	
COMP TIME		+ −
	SHP	
HOLIDAY PAY		+ −
	SJL	
JURY LEAVE		+ −

BALANCE

	SSL	+ −
SICK LEAVE		
	SFS	
FAMILY SICK LEAVE		+ −
	SFL	
FUNERAL LEAVE		+ −
	SML	
MILITARY LEAVE		+ −

Employee ID Number:

Employee Name:

Explanation:

BALANCE

	SAL	+ −
ANNUAL LEAVE		
	SCT	
COMP TIME		+ −
	SHP	
HOLIDAY PAY		+ −
	SJL	
JURY LEAVE		+ −

BALANCE

	SSL	+ −
SICK LEAVE		
	SFS	
FAMILY SICK LEAVE		+ −
	SFL	
FUNERAL LEAVE		+ −
	SML	
MILITARY LEAVE		+ −